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FEE TRANSMITTAL FOR FY 2008  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (theek all that apply)  Check Credit Card Money Order None Other (splease stemity):  Check Credit Card Money Order None Other (splease stemity):  Check Credit Card Money Order None Other (splease stemity):  Check Credit Card Money Order None Other (splease stemity):  Charge any additional fee(s) or underpayments of For the above-definited deposit account, the Director is hereby authorized to: (check all that apply)  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity Application Type Fee (s) Fee	Effective and 42/00/2004				Complete if Known					
For FY 2008  First Named Inventor Examiner Name  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 460.00  Altorney Docket No.  Other (please identify):  Check Credit Card Money Order None Option Payment Repeat Account Number.  Occ. 22448  Deposit Account Deposit Account Number.  Occ. 22448  Charge fee(s) indicated below.  X Charge fee(s) indicated below.  X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act; 2005 (H.R. 4818).				Application Number 1		10/729,009-Conf. #9137			
For FY 2008  First Named Inventor Examiner Name  Applicant claims small entity status. See 37 CFR 1.27  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 460.00  Altorney Docket No.  Other (please identify):  Check Credit Card Money Order None Option Payment Repeat Account Number.  Occ. 22448  Deposit Account Deposit Account Number.  Occ. 22448  Charge fee(s) indicated below.  X Charge fee(s) indicated below.  X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  Small Entity  Application Type  Fee (\$)	FFF TRANSMITTAL				Filing Date		December 8, 2003			
Application small entity status. Sea 37 CFR 1.27  AT Unit 3843  TOTAL AMOUNT OF PAYMENT (is) 460.00 Attorney Docket No. 0425-1099P  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Deposit Account Number 02-2448 Deposit Account Number 10 Check all that apply)  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charges any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (s) Fee					First Named Inventor		Naoki MATSUDA			
METHOD OF PAYMENT (check all that apply)	FOF FY 2008				Examiner Name		J. L. Geliner			
Money Order   None   Other (please identify):	Applicant claims small entity status. See 37 CFR 1.27				Art Unit		3643			
Check Credit Card Money Order None Other (please identify):    X   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 460.00				Attorney Docket No. 0425-1099P					
Total Claims   Part	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) indicated below, except for the filing fee   Charge fee(s) under 37 CFR 1.16 and 1.17    Telephone   Fee(s)   Fe	Check Credit Card Money Order None Other (please identify):									
Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
Charge any additional fee(s) or underpayments of   x   Credit any overpayments	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Fee   Sample   Fee	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Telephone   Tele										
1. BASIC FILING, SEARCH, AND EXAMINATION FEES   FILING FEES   Small Entity   Fee (\$)										
Filing FEES   Small Entity   Fee (\$)   Fee (										
Application Type	11 0/1010 11 121110, 022 1110.				ARCH FEES	EXAM	NATION FEES			
Utility			Small Entity							
Design   210   105   100   50   130   65								Fees I	Paid (\$)	
Plant	•									
Reissue   310   155   510   255   620   310	Design	210	105	100	50	130	65			
Provisional 210 105 0 0 0 0 0 0 2.  2. EXCESS CLAIM FEES	Plant	210	105	310	155	160	80			
2. EXCESS CLAIM FEES  Each claim over 20 (including Reissues)  Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HIP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Total Slower Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  The publication spaid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Fee Paid (\$)	Reissue	310	155	510	255	620	310			
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HIP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Registration No.  (Riturney/Agent)  Registration No.  (Altorney/Agent)	Provisional	210	105	0	.0	0	0			
Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Pee Paid (\$)  Application size fee due is \$260 (\$130 for small entity) for each additional 50 or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Fee Paid (\$)  Total Sheets  Starta Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Total Sheets  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  Registration No.  (Attorney/Agent)  AND  AND  AND  AND  AND  AND  AND  AN										
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Pee Paid (\$)  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Application SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$) Fee Paid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filting surcharge): 1252 Extension for response within second month  Registration No. (Attornoy/Agent)  Registration No. (Attornoy/Agent)  Registration No. (Attornoy/Agent)  Registration No. (Attornoy/Agent)	Fee Description									
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Pee Paid (\$)  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Independent claims paid for, if greater than 3.  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee									25	
Total Claims  10 -20 = x = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  2 -3 = x =  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1252 Extension for response within second month  Registration No.  (Altornoy/Agent)  Registration No.  (Altornoy/Agent)  Registration No.  (Altornoy/Agent)  A D B C 20108	Each independent claim ov				210					
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims	Multiple dependent claims							370	185	
Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)	Total Claims				Paid (\$)	<u> </u>	Multiple Dependent Claims			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2 -3 =						E	<u>ee (\$)                                  </u>	ee Paid (\$	)	
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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =   4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): 1252 Extension for response within second month 460.00  SUBMITTED BY  Signature Registration No. (Attorney/Agent) 28,977 Telephone (703) 205-8000										
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00  SUBMITTED BY  Signature  Registration No. (703) 205-8000 (Attorney/Agent)										
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Registration No.   (703) 205-8000   (Attorney/Agent)   28,977   Telephone   (703) 205-8000   (Attorney/Agent)   (703) 205-8000   (703) 205-8	Other (e.g., rate filing's)	ii chai gej. 12	LUZ LAIGHSIU	1.01.163	porise within st	200110 111	VIII.			
(Attorney/Agent) 20,977 Telephone (703) 203-0000	SUBMITTED BY		-(V		Posicipation No.					
Name (Print/Type) Gerald M. Murphy, Jr Date MAR - 5 2008	Signature .	MAA	1/ 1/			28,977	Telephone			
	Name (Print/Type) Gerald	. Murphy, J					Date MAR	-5 2	שטטי	